L12UUU104316

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
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B. KOHR

AUG 1 4 2012

EXAMINER



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08/13/12--01019--010 **130.00



COVER LETTER

Registration Section
Division of Corporations

TO:

_{suвјест:} Kamau Vis	ion LLC		
	Name of Limit	ted Liability Company	
			Z TE
The enclosed Articles of Organiz	ration and fee(s) are	submitted for filing.	3
Please return all correspondence	concerning this mat	ter to the following:	3
Kevin Camero	n-Kamau,	(aka Kevin Cameror	ר)
		Name of Person	
Kamau Vision	LLC		
		Firm/Company	
5010 Smoke R	tise Trail, Ap	t 106	
		Address	_
Lakeland, Florid			
		ty/State and Zip Code	
kamau2012@gma	ail.com	for future annual report notification)	
E-mai	address: (to be used	for future annual report notification)	
For further information concerning	ng this matter, pleas	e call:	
Kevin Cameron-Kamau, (ak	a Kevin Cameron) _{at (} 919 723-5980	
Name of Person		Area Code & Daytime Telepl	none Number
Enclosed is a check for the fol	lowing amount:		
— · —	00 Filing Fee & ficate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	ng Address ration Section on of Corporations Box 6327 assee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADT	LUI	RI	- Na	me
AK		ar I	- 142	me:

The name of the Limited Liability Company is:

Kamau Vision LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Frincipal Office Audress:	Walning Adoress:
5010 Smoke Rise Trail	2780 E. Fowler Avenue
Apt 106	#156
Lakeland, Florida 33805	Tampa, Florida 33612-6297

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Kevin Cameron-Kamau, (aka Kevin Cameron)

Name

5010 Smoke Rise Trail, Apt 106

Florida street address (P.O. Box NOT acceptable)

Lakeland, FL 33805

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM"	Kevin Cameron-Kamau, (aka Kevin Cameron)
	5010 Smoke Rise Trail, Apt 106
	Lakeland, Florida 33805
•	
(Use attachment if necessary)	
LE V: Effective date, if other than	n the date of filing: (OPTIONA
fective date is listed, the date m	ust be specific and cannot be more than five business day
days after the date of filing.)	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kevin Cameron-Kamau, (aka Kevin Cameron)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)